

<Insert District Information>
NOTIFICATION OF MEETING

To the Parent(s)/Guardian(s) of: _____

This is to confirm that a meeting with you has been scheduled for _____
 (Date)

at _____ at _____
 (Time) (Location)

The purpose of this meeting is to: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Review existing data as part of an
initial evaluation or reevaluation | <input type="checkbox"/> Consider Post-secondary Transition |
| <input type="checkbox"/> Determine initial or continued eligibility | <input type="checkbox"/> Conduct Manifestation Determination |
| <input type="checkbox"/> Develop initial IEP | <input type="checkbox"/> Consider/conduct Functional Behavioral
Assessment |
| <input type="checkbox"/> Review/Revise IEP | <input type="checkbox"/> Other: _____ |

The following individuals have been invited to participate in this meeting (name and/or role):

Role	Name
*Local Education Agency (LEA) Representative	_____
*Special Education Teacher	_____
*Individual to interpret instructional implications of evaluation results	_____
<input type="checkbox"/> General Education Teacher	_____
<input type="checkbox"/> Student	_____
<input type="checkbox"/> Agency representative(s) for post-secondary transition	_____
Agency Name _____	_____
Agency Name _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

* Required participants

This agency **AND** the parents have the right to invite any other participants they feel have knowledge or special expertise of the child. The determination of knowledge or special expertise shall be made by the party (parent or public agency) who invited the individual to be a participant at the meeting.

A copy of the Procedural Safeguards for Children and Parents Statement is enclosed with this notification.

If you are unable to attend this meeting, please contact me at _____ as soon as possible.
 (Phone)

Sincerely,

 Name

 Title

 Date

RECORD OF DISTRICT ATTEMPTS TO SCHEDULE MEETING

☐ 1st Attempt

Date of contact: _____

☐ Parent waived 10-day notification requirement

Method of contact:

☐ Written: ☐ Hand carried by student
☐ Regular mail
☐ Certified mail
☐ Fax
☐ E-mail
☐ Other: _____

☐ Verbal: ☐ Phone
☐ Voice mail/answering machine
☐ Face to face contact
☐ Other: _____

PARENT/GUARDIAN RESPONSE

☐ Do not want to attend (hold meeting)
☐ Cannot attend, please reschedule (proceed with 2nd attempt)
☐ No response (proceed with 2nd attempt)
☐ *Yes, I'll be there

*If parent does not attend meeting, proceed to 2nd attempt

PROVISION OF PROCEDURAL SAFEGUARDS

Date provided: _____

Method used to provide:

☐ Enclosed with notification ☐ Mailed
☐ Provided at meeting ☐ Hand Delivered
☐ Other: _____

☐ 2nd Attempt (must be a direct contact with parent)

Date of contact: _____

☐ Parent waived 10-day notification requirement

Method of contact: (must be a direct contact)

☐ Written: ☐ Regular mail
☐ Certified mail
☐ Verbal: ☐ Phone
☐ Face to face contact

PARENT/GUARDIAN RESPONSE

☐ Do not want to attend (proceed with meeting)
☐ Cannot attend (proceed with meeting)
☐ No response (proceed with meeting)
☐ *Yes, I'll be there

*If parent does not attend, agency may proceed with meeting.